

PX17

PX17 Attachment O

Portions of merchant account applications obtained from  
office of Lindsey Martinez and Seth Davies



EUREKA PAYMENTS  
537 G Street, Suite 201  
Eureka, California 95501  
Tel: 877-476-0570  
Fax: 707-476-0574  
www.eurekaypayments.com

- ☐ NEW ACCOUNT  
☐ ADDITIONAL LOCATION  
☐ ADDITIONAL ACCOUNT  
☐ OWNERSHIP CHANGE

## MERCHANT APPLICATION

Eureka Payments is a registered ISO/MSP  
for Westamerica Bank, Santa Rosa, CA

### OFFICE USE ONLY

AT ON DATE 07/24/2012	OFFICE 1701	<input checked="" type="checkbox"/> OMAHA <input type="checkbox"/> NASHVILLE <input type="checkbox"/> BUYPASS <input type="checkbox"/> NORTH <input type="checkbox"/> PAYMENTECH
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### BUSINESS INFORMATION

LEGAL BUSINESS NAME AS IT APPEARS ON TAX RETURN	Absolutely Working, LLC		DBA (SHOWN ON CARDHOLDER STATEMENT)	Dental Pro Global	
MAILING ADDRESS	1810 E Sahara Avenue Suite 1535		PHYSICAL STREET ADDRESS (NO P.O. BOX)	1810 E Sahara Avenue Suite 1535	
CITY	Las Vegas	STATE	NV	ZIP	89104
CONTACT PERSON	Megan Nosel	NUMBER OF LOCATIONS	1	PHONE #	888-874-7603
EMAIL ADDRESS	megan@absolutelyworking.com		WEBSITE ADDRESS	www.dentalproglobal.com	
FEDERAL TAX ID NUMBER (NO DASHES) MUST EXACTLY MATCH TAX RETURN			YEARS IN BUSINESS	1.5 years	YEARS OWNED BUSINESS
			1.5 years		COUNTRY OF PRIMARY BUSINESS OPERATIONS
					US
GOODS OR SERVICES PROVIDED			BUSINESS HOURS		STATE OF LEGAL FORMATION
dental grade teeth whitening			8-5		Nevada

### OWNERS OR OFFICERS (Total ownership below must be equal to or greater than 51%)

NAME (PRINCIPAL 1)	Megan Nosel	TITLE	Manager	DATE OF BIRTH		SSN		OWNERSHIP %	80
RESIDENCE ADDRESS			CITY		STATE		ZIP		# OF YEARS
								4	
US GOVERNMENT ISSUED ID#		EXPIRATION DATE		CITIZENSHIP IF NOT U.S.A.		HOME PHONE #			
NAME (PRINCIPAL 2)			TITLE			SSN			OWNERSHIP %
RESIDENCE ADDRESS			CITY			STATE	ZIP	# OF YEARS	
US GOVERNMENT ISSUED ID#	STATE ISSUED	EXPIRATION DATE			HOME PHONE #				

### REFERENCES

BAI Chase	ACCOUNT #		PHONE #	702-259-0796	CONTACT	Julio Jauregui
TRADE Sunshine Health	ACCOUNT #		PHONE #	954-493-5469	CONTACT	Ralph Morton
TRADE Verifi	ACCOUNT #		PHONE #	323-297-5072	CONTACT	Connie Spencer-Adams

### BUSINESS PROFILE

TYPE OF OWNERSHIP	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LLP
	<input type="checkbox"/> Partnership <input type="checkbox"/> Public Sector <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other
TYPE OF BUSINESS	internet sales
MCC	
HAVE YOU ACCEPTED CREDIT CARDS BEFORE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please attach statements.
UNDER WHAT BUSINESS NAME	Absolutely Working
CURRENT/PREVIOUS PROCESSOR NAME	Select Bank
IF TERMINATED BY PREVIOUS PROCESSOR, ATTACH LETTER WITH EXPLANATION	
Has Merchant or any associated Principal disclosed above filed for bankruptcy or been subject to involuntary bankruptcy?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, date:

### SALES PROFILE

MERCHANT TYPE	VISA, MASTERCARD, DISCOVER NETWORK
<input type="checkbox"/> Retail	SALES PROFILE
<input type="checkbox"/> Restaurant	CARD SWIPE
<input type="checkbox"/> Lodging	0 %
<input type="checkbox"/> Service	MANUALLY KEYED WITH IMPRINT
<input checked="" type="checkbox"/> Internet	CARD PRESENT
<input type="checkbox"/> Home Based	0 %
<input type="checkbox"/> Other	MAIL ORDER / TELEPHONE ORDER
	0 %
	INTERNET
	100 %
	TOTAL
	100 %

### REQUESTED PROCESSING PARAMETERS

AVERAGE MONTHLY VOLUME	\$ 50,000.00	AVERAGE TICKET AMOUNT	\$ 35.00	HIGHEST TICKET AMOUNT	\$ 129.99
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### CARD SERVICES REQUESTED

CARD TYPES	CHECK TO ORDER	QUALIFIED RATE	AUTHORIZATION FEE	PER-ITEM FEE	ADDITIONAL INFORMATION
Visa, MasterCard and Discover Network - CREDIT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.29 %	\$ .25	\$ 0	<input type="checkbox"/> Interchange Pass Through
Visa, MasterCard and Discover Network - DEBIT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	2.29 %	\$ .25	\$ 0	<input type="checkbox"/> Interchange Pass Through
Works (PIN-based)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$	\$	<input type="checkbox"/> DO NOT Pass Through Debit Network Fees
American Express	<input type="checkbox"/> Yes <input type="checkbox"/> No	Set by Amex	Same as Visa/MC	\$	EXISTING AMEX #
Wright Express and Voyager Fleet Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Set by WEX/VOY	\$ 0.20	\$	WEX Requires an Additional Separate Agreement
Electronic Benefits Transfer (EBT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00 %	\$	\$	EBT Requires an Additional Separate Agreement



(p) 855.9HELPME (855.943.5763)  
(f) 801.331.8275

# Merchant Account Application

03/2011.1

OFFICE USE	
Sales Partner Eureka Payments	Date Submitted
MCC	Merchant Number

BUSINESS INFORMATION	
Legal Business Name <b>Bridge Ford, LLC</b>	Business Tax ID <input checked="" type="checkbox"/> EIN <input type="checkbox"/> SSN
Doing Business As (if different) (displayed on the cardholder statement) <b>BFBLLIZZ*WTE8888198114</b>	Time in Business <b>3 yrs, 2 mos.</b>
Legal Business Address <b>871 Coronado Center Dr Suite 200</b>	
City <b>Henderson</b>	State <b>NV</b>
ZIP <b>89052</b>	
Mailing Address (if different)	
City	State
ZIP	
Website URL <b>www.blizzardwhiteglobal.com</b>	
Customer Service Phone Number <b>(888) 849-8114</b>	Customer Service Email Address <b>emily@blizzardwhiteglobal.com</b>
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Private <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Government <input type="checkbox"/> Public	

OWNER INFORMATION (if private ownership)	
Owner Legal Given Names (First and Middle) <b>Emily</b>	Surname (Last Name) <b>McEvoy</b>
Ownership Percentage <b>80</b> %	Job Title (if applicable) <b>Manager</b>
Home Address <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent	
City	State
ZIP	
Driver License Number	Driver License State
Social Security Number	Date of Birth
If the ownership interest above is less than 51%, a second owner's information is required.	
Owner Legal Given Names (First and Middle)	Surname (Last Name)
Ownership Percentage	Job Title (if applicable)
Home Address <input type="checkbox"/> Own <input type="checkbox"/> Rent	
City	State
ZIP	
Driver License Number	Driver License State
Social Security Number	Date of Birth

PROCESSING INFORMATION		
Which payment products would you like to accept? (check all that apply) <input checked="" type="checkbox"/> Visa/MC/Discover/Diners/JCB <input type="checkbox"/> Amex <input type="checkbox"/> PIN Debit <input type="checkbox"/> BBT		
Anticipated Monthly Volume \$ <b>50,000.00</b>	Highest Transaction Amount \$ <b>129.99</b>	Average Transaction Amount \$ <b>39.99</b>
Has the business accepted credit cards previously? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
American Express Merchant (SIF) Number (if any)	IBT FNS Number (if any)	

PRODUCT INFORMATION	
Description of Product or Service <b>at home teeth whitening</b>	
Sales Profile (estimate the percentage of sales in each category - must add up to 100%)	
Retail (face-to-face) %	Ecommerce %
<b>100</b> %	<b>100</b> %
Mail/Telephone %	Other %
Customer Profile (estimate the percentage of sales in each category - must add up to 100%)	
Individual Consumers %	Businesses %
<b>100</b> %	<b>100</b> %
Do you offer time-extended services (warranties, subscriptions, memberships, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Duration of extended service (if any)	
Description of Refund Policy (attach if more space is needed) <b>full refund within 30 days of shipment and incl RMA</b>	
Is a fulfillment house or drop shipper used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
How long after charging the customer is the product fulfilled or does the service begin? Within: <input type="checkbox"/> 24 hours <input checked="" type="checkbox"/> 2 days <input type="checkbox"/> 3-10 days <input type="checkbox"/> 11-30 days <input type="checkbox"/> 31-90 days <input type="checkbox"/> 90+ days	

CONTACT INFORMATION	
Contact (Given Name (First Name)) <b>Emily</b>	Surname (Last Name) <b>McEvoy</b>
Contact Phone Number <b>(702) 932-2644</b>	Contact Email Address <b>emily@blizzardwhiteglobal.com</b>

BILLING INFORMATION	
Name on Account <b>Bridge Ford, LLC</b>	Acct Type: <input type="checkbox"/> Personal Checking <input type="checkbox"/> Personal Savings <input checked="" type="checkbox"/> Business Checking <input type="checkbox"/> Business Savings
Bank Routing Number <b>107002147</b>	Bank Account Number
Name on Card	
Credit Card Number	Credit Card Expiration Date

DATA SECURITY INFORMATION	
Are card numbers stored or transmitted on your systems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Have you completed a PCI DSS Self Assessment or audit? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Don't Know	
What third-party products and/or systems do you use to process credit/debit cards? (examples are Terminals, Point of Sale (POS) Systems, Order Systems, Shopping Carts, Gateways, etc.) <b>Verifi Gateway</b>	

BANK DISCLOSURE	
Mission Valley Bank - 9116 Sunland Blvd. Sun Valley, CA 91352 (p) 818.394.230X	
Important Bank Responsibilities: A Visa Member:	
1. Is the only entity approved to extend acceptance of Visa products to a Merchant;	
2. Must be a principal (signer) to the Merchant Agreement;	
3. Is responsible for and must provide settlement funds to the Merchant; and	
4. Is responsible for all funds held in reserve that are derived from settlement.	
5. Is responsible for educating Merchants on pertinent Visa International Operating Regulations with which Merchants must comply;	
Important Merchant Responsibilities:	
1. Ensure compliance with cardholder data security and storage requirements;	
2. Maintain fraud and chargebacks below thresholds;	
3. Review and understand the terms of the Merchant Agreement; and	
4. Comply with Visa International Operating Regulations.	
The responsibilities listed above do not supersede terms of the Merchant Agreement and are provided to ensure the Merchant understands these responsibilities.	



MERCHANT APPLICATION			
<h1 style="margin: 0;">PRIORITY</h1> <h2 style="margin: 0;">PAYMENT SYSTEMS®</h2>		Merchant # _____ <input type="checkbox"/> New Location <input type="checkbox"/> Additional Location	
		<b>2001 Westside Parkway • Suite 155 • Alpharetta, GA 30004 • 1.800.935.5961</b> <b>www.prioritypaymentsystems.com</b>	
Merchant Accepts GreenSuite – DonateWiseNow <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SS4-Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.</small>			
▶ Business Information			
Legal Name (as it appears on your income tax return): <b>Indigo Systems, LLC</b>		Name of Account (Doing Business As): <b>Blizzard White Ultra</b>	
Legal Address: <b>8888 Keystone Crossing, Ste. 1300</b>		Physical Street Address (No P.O. Box): <b>8888 Keystone Crossing, Ste. 1300</b>	
City: <b>Indianapolis, IN 46240</b> State:    Zip:		City: <b>Indianapolis, IN 46240</b> State:    Zip:	
Phone #: <b>(317) 575-4125</b> Contact: <b>Ryan Reichenbach</b>		DBA Phone #: <b>(866) 229-2823</b> Fax #: <b>(303) 530-0771</b>	
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address		Website Address: <b>www.blizzardwhiteultra.com</b>	
Federal Tax # _____    # of Locations: <b>1</b> Years In Business: <b>April 2013</b>		Years Owned Business: <b>April 2013</b>	
Place of Legal Formation: <b>Indiana</b>		Country of Primary Business Operations: <b>USA</b>	
Bank Reference: <b>Great Western Bank</b>		Contact: <b>Pat Walton</b> Phone #: <b>(303) 225-7425</b>	
▶ Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%			
Name: <b>1. Ryan Reichenbach</b> Title: <b>Manager</b> Date of Birth: _____    Applicant's SS #: _____    % Equity Ownership: <b>80</b>		Residence Address: _____    City: _____    State: <b>CO</b> Zip: <b>80027</b> # Years: <b>9</b>	
US Government Issued ID#: _____    Type of ID: _____    Expiration Date: _____    Country of Citizenship (if not US): _____    Home Phone: _____		Name: <b>2. _____</b> Title: _____    Date of Birth: _____    Applicant's SS #: _____    % Equity Ownership: _____	
Residence Address: _____    City: _____    State: _____    Zip: _____    # Years: _____		US Government Issued ID#: _____    Type of ID: _____    Expiration Date: _____    Country of Citizenship (if not US): _____    Home Phone: _____	
▶ Business Profile			
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc./Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other _____			
Type of Goods or Services Sold: <b>teeth whitening</b> C Code: _____		Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other	
Do you currently accept Discover®/Visa/Mastercard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, you should submit 3 current months' statements.)</small>		Name of Current Processor: <b>Harris, Woodforest</b>	
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Date: _____		Discover/Visa/MasterCard Sales Profile Be Accurate: _____ % Card Swipe _____ % Manual Key Entry with Imprint, _____ % Card Present _____ % Mail Order/Telephone _____ % Internet <b>100</b> % Total = <b>100</b> %	
▶ Business Trade Suppliers – List Two			
Name: <b>Rapid Color Printing</b> Address: <b>6445 Karms Park Ct, Las Vegas, NV 89118</b> Contact: <b>Kat Cruz</b> Phone #: <b>(702) 792-6055</b>		Name: <b>Venfi</b> Address: <b>8391 Beverly Blvd., Box #310</b> Contact: <b>Shane Lynch</b> Phone #: <b>(323) 655-5789</b>	
▶ Merchant Site Survey Report – To Be Completed by Sales Representative			
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other Area Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential    Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+			
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____			
The Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises    Landlord Name & Phone #: _____			
Further Comments by inspector (Must Complete) _____			
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.			
Verified and Inspected by: _____    Office #: _____    Representative #: _____    Representative Signature: _____    Date: _____		X	


White Copy – Bank • Pink Copy – Merchant

Priority Holdings LLC wholly owns Priority Payment Systems LLC (a registered ISO of Wells Fargo Bank N.A., Walnut Creek, CA and Synovus Bank, Columbus, GA) and Cynergy Data, LLC (a registered ISO of BMO Harris Bank N.A., Buffalo Grove, IL).

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MERCHANT APPLICATION					
		<b>Merchant #</b> _____			
		<input type="checkbox"/> New Location <input type="checkbox"/> Additional Location <b>2900 Bristol Street • F-201 • Costa Mesa, CA 92626</b> <b>Tel: 866.634.3044</b> <b>www.cardflexnow.com</b>			
		<b>Merchant Accepts GreenSuite - DonateWiseNow</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<small>By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.          Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SS4-Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.</small>					
<b>► Business Information</b>					
<b>Legal Name (as it appears on your income tax return):</b> <b>Doing What's Possible, LLC</b>			<b>Name of Account (Doing Business As):</b> <b>Smile Vitalize Online</b>		
<b>Legal Address:</b> <b>701 North Green Valley Parkway, Ste 200</b>			<b>Physical Street Address (No P.O. Box):</b> <b>701 North Green Valley Parkway, Ste 200</b>		
<b>City:</b> <b>Henderson</b>	<b>State:</b> <b>NV</b>	<b>Zip:</b> <b>89074</b>	<b>City:</b> <b>Henderson</b>	<b>State:</b> <b>NV</b>	<b>Zip:</b> <b>89074</b>
<b>Phone #:</b> <b>(702 ) 990-3225</b>	<b>Contact:</b> <b>Taree Dobie</b>		<b>DBA Phone #:</b> <b>( 800 ) 627-1650</b>	<b>Fax #:</b> <b>( 303 ) 530-0774</b>	
<b>Must Choose One Mailing Address:</b> <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address			<b>E-Mail Address:</b> <b>taree@smilevitalizeonline.com</b>		
<b>Website Address:</b> <b>www.smilevitalizeonline.com</b>					
<b>Federal Tax #</b>	<b># of Locations</b> <b>1</b>	<b>Years In Business</b> <b>3.5</b>	<b>Years Owned Business</b> <b>3.5</b>		
<b>Place of Legal Formation:</b> <b>Nevada</b>			<b>Country of Primary Business Operations:</b> <b>USA</b>		
<b>Bank Reference:</b> <b>First Bank</b>			<b>Contact:</b>	<b>Phone #:</b> <b>( 303 ) 530-1000</b>	
<b>► Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%</b>					
<b>Name:</b> <b>1. Taree Dobie</b>		<b>Title:</b> <b>Manager</b>	<b>Date of Birth:</b>	<b>Applicant's SS #:</b>	<b>% Equity Ownership:</b> <b>80</b>
<b>Residence Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b># Years:</b> <b>7</b>
<b>US Government Issued ID#:</b>	<b>Type of ID:</b>	<b>Expiration Date:</b>	<b>Country of Citizenship (if not US):</b>	<b>Home Phone:</b> <b>( )</b>	
<b>Name:</b> <b>2.</b>		<b>Title:</b>	<b>Date of Birth:</b>	<b>Applicant's SS #:</b>	<b>% Equity Ownership:</b>
<b>Residence Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b># Years:</b>
<b>US Government Issued ID#:</b>	<b>Type of ID:</b>	<b>Expiration Date:</b> <b>mm/dd/yyyy</b>	<b>Country of Citizenship (if not US):</b>	<b>Home Phone:</b> <b>( )</b>	
<b>► Business Profile</b>					
<b>Type of Ownership:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other _____					
<b>Type of Goods or Services Sold:</b> <b>SIC Code:</b>					
<b>teeth whitening</b>					
<b>Do you currently accept Discover/VISA/Mastercard?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, you should submit 3 current months' statements.)</small>					
<b>Name of Current Processor:</b>					
<b>Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>Date:</b> _____					
<b>► Sales Profile</b>					
<b>Merchant Type:</b> <b>Discover/VISA/MasterCard Sales Profile</b> <b>Be Accurate:</b>					
<input type="checkbox"/> Retail					
<input type="checkbox"/> Restaurant					
<input type="checkbox"/> Lodging					
<input type="checkbox"/> Service					
<input checked="" type="checkbox"/> Internet					
<input type="checkbox"/> Home Based					
<input type="checkbox"/> Other					
<b>Card Swipe</b> _____ % <b>Manual Key Entry with Imprint,</b> <b>Card Present</b> _____ % <b>Mail Order/Telephone</b> _____ % <b>Internet</b> _____ 100 % <b>Total =</b> _____ 100 %					
<b>► Business Trade Suppliers – List Two</b>					
<b>Name:</b> <b>Rapid Color Printing</b>	<b>Address:</b> <b>6445 Karms Park Ct, Las Vegas</b>	<b>Contact:</b> <b>Kat Cruz</b>	<b>Phone #:</b> <b>( 702 ) 792-6055</b>		
<b>Name:</b> <b>Verifi</b>	<b>Address:</b> <b>8391 Beverly Blvd., Box #310, LA, CA</b>	<b>Contact:</b> <b>Shane Lynch</b>	<b>Phone #:</b> <b>( 323 ) 655-5789</b>		
<b>► Merchant Site Survey Report – To Be Completed by Sales Representative</b>					
<b>Merchant Location:</b> <input type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other _____ <b>Area Zoned:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <b>Square Footage:</b> <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+ _____					
<b>Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If No, explain:</b>					
<b>The Merchant:</b> <input type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises <b>Landlord Name &amp; Phone #:</b>					
<b>Further Comments by inspector (Must Complete)</b>					
<b>I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.</b>					
<b>Verified and Inspected by:</b>		<b>Office #:</b>	<b>Representative #:</b>	<b>Representative Signature:</b>	<b>Date:</b>
<b>X</b>		<b>X</b>			

White Copy – Bank    Pink Copy – Merchant  
 CardFlex Inc. is a registered ISO/MS of BMO Harris Bank, N.A., Chicago, IL

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MERCHANT APPLICATION					
		Merchant # _____			
		<input type="checkbox"/> New Location <input type="checkbox"/> Additional Location			
		<b>2900 Bristol Street • F-201 • Costa Mesa, CA 92626</b> <b>Tel: 866.634.3044</b> <b>www.cardflexnow.com</b>			
		Merchant Accepts GreenSuite – DonateWiseNow <input type="checkbox"/> Yes <input type="checkbox"/> No			
By checking yes and signing this application and agreement, you indicate your acceptance of the Greenwise GreenSuite and DonateWiseNow Program terms and conditions.					
<b>► Business Information</b>					
Note: Your Business Legal Name and Tax ID Number must be entered exactly as it appears on your Income Tax Return or on your SS4-Employer Identification Number (EIN) letter to avoid fees and income withholding by the IRS.					
Legal Name (as it appears on your income tax return): <b>Desert Gecko, LLC</b>			Name of Account (Doing Business As): <b>Todays Whitening Trend</b>		
Legal Address: <b>1 E. Washington St., Ste. 300, Phoenix</b>			Physical Street Address (No P.O. Box): <b>1 E. Washington St., Ste. 300</b>		
City: <b>Phoenix</b>	State: <b>AZ</b>	Zip: <b>85004</b>	City: <b>Phoenix</b>	State: <b>AZ</b>	Zip: <b>85004</b>
Phone #: <b>( 602 ) 533-2840</b>			DBA Phone #: <b>( 800 ) 630-6329</b>		
Contact: <b>Sarah Austin</b>			Fax #: <b>( 303 ) 530-0774</b>		
Must Choose One Mailing Address: <input type="checkbox"/> DBA Address <input checked="" type="checkbox"/> Legal Address			E-Mail Address: <b>sarah@todayswhiteningtrend.com</b>		
Website Address: <b>www.todayswhiteningtrend.com</b>					
Federal Tax # _____		# of Locations <b>1</b>	Years In Business <b>3</b>		Years Owned Business <b>1</b>
Place of Legal Formation: <b>Arizona</b>			Country of Primary Business Operations: <b>USA</b>		
Bank Reference: <b>First Bank</b>			Contact: <b>Phone #:</b> <b>( 303 ) 530-1000</b>		
<b>► Owners or Officers – Individual Ownership Must be Equal to or Greater than 50%</b>					
Name: <b>1. Sarah Austin</b>		Title: <b>Manager</b>		Date of Birth: _____	
Applicant's SS #: _____		% Equity Ownership: <b>80</b>			
Residence Address: _____		City: _____		State: _____ Zip: _____ # Years: <b>10</b>	
US Government Issued ID#: _____		Type of ID: _____		Expiration Date: _____	
Country of Citizenship (if not US): _____		Home Phone: _____			
Name: <b>2. _____</b>		Title: _____		Date of Birth: _____	
Applicant's SS #: _____		% Equity Ownership: _____			
Residence Address: _____		City: _____		State: _____ Zip: _____ # Years: _____	
US Government Issued ID#: _____		Type of ID: _____		Expiration Date: _____	
Country of Citizenship (if not US): _____		Home Phone: _____			
<b>► Business Profile</b>					
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Assoc/Estates/Trusts <input type="checkbox"/> Joint Venture <input type="checkbox"/> Government <input type="checkbox"/> Corporation (Privately Traded) <input type="checkbox"/> Corporation (Publicly Traded) <input type="checkbox"/> Medical or Legal Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Tax Exempt Org <input checked="" type="checkbox"/> Single Member LLC <input type="checkbox"/> Multi Member LLC <input type="checkbox"/> Civic Assoc <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Political Org <input type="checkbox"/> Other _____					
Type of Goods or Services Sold: <b>teeth whitening</b>		SIC Code: _____			
Do you currently accept Discover/Visa/Mastercard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, you should submit 3 current months' statements.)		Name of Current Processor: _____			
Has Merchant or any associated principal disclosed below filed bankruptcy or been subject to involuntary bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Date: _____			
<b>► Sales Profile</b>					
Merchant Type: <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other _____		Discover/Visa/MasterCard Sales Profile Be Accurate: Card Swipe _____ % Manual Key Entry with Imprint, _____ % Card Present _____ % Mail Order/Telephone _____ % Internet <b>100 %</b> Total = <b>100 %</b>			
<b>► Business Trade Suppliers – List Two</b>					
Name: <b>Rapid Color Printing</b>		Address: <b>6445 Karms Park Ct, Las Vegas</b>		Contact: <b>Kat Cruz</b>	
Phone #: <b>( 702 ) 792-6055</b>					
Name: <b>Verifi</b>		Address: <b>8391 Beverly Blvd., Box #310, LA, CA</b>		Contact: <b>Shane Lynch</b>	
Phone #: <b>( 323 ) 655-5789</b>					
<b>► Merchant Site Survey Report – To Be Completed by Sales Representative</b>					
Merchant Location: <input type="checkbox"/> Retail Location with Store Front <input type="checkbox"/> Office Building <input type="checkbox"/> Internet <input type="checkbox"/> Residence <input type="checkbox"/> Other Area Zoned: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential    Square Footage: <input type="checkbox"/> 0-250 <input type="checkbox"/> 251-500 <input type="checkbox"/> 501-2,000 <input type="checkbox"/> 2,001+					
Does the amount of inventory and merchandise on shelves and floor appear consistent with this type of business? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain: _____					
The Merchant: <input type="checkbox"/> Owns <input type="checkbox"/> Leases the Business Premises    Landlord Name & Phone #: _____					
Further Comments by inspector (Must Complete) _____					
I hereby verify that this application has been fully completed by merchant applicant and that I have physically inspected the business premises of the merchant at this address and the information stated above is true and correct to the best of my knowledge and belief.					
Verified and Inspected by: _____		Office #: _____		Representative #: _____	
Representative Signature: _____		Date: _____			





EUREKA PAYMENTS  
515 J Street, Suite C  
Eureka, California 95501  
Tel: 877-476-0570  
Fax: 707-476-0574  
www.eurekaypayments.com

- ☐ NEW ACCOUNT  
☐ ADDITIONAL LOCATION  
☐ ADDITIONAL ACCOUNT  
☐ OWNERSHIP CHANGE

## MERCHANT APPLICATION

Eureka Payments is a registered ISO/MSP  
for Westamerica Bank, Santa Rosa, CA

<b>OFFICE USE ONLY</b>	
APPLICATION DATE	OFFICE
<input type="checkbox"/> OMAHA <input type="checkbox"/> NASHVILLE <input type="checkbox"/> BUYPASS <input type="checkbox"/> NORTH <input type="checkbox"/> PAYMENTECH	

<b>BUSINESS INFORMATION</b>			
LEGAL BUSINESS NAME AS IT APPEARS ON TAX RETURN <b>Mint House, LLC</b>		DBA (SHOWN ON CARDHOLDER STATEMENT) <b>First Class Whitening Products</b>	
MAILING ADDRESS <b>9233 Park Meadows Drive</b>		PHYSICAL STREET ADDRESS (NO P.O. BOX) <b>9233 Park Meadows Drive</b>	
CITY <b>Lone Tree</b>	STATE <b>CO</b>	ZIP <b>80124</b>	CITY <b>Lone Tree</b>
CONTACT PERSON <b>Danielle Foss</b>		NUMBER OF LOCATIONS <b>1</b>	PHONE # <b>303-827-2480</b>
EMAIL ADDRESS <b>danielle@firstclasswhiteningproducts.com</b>		FAX # <b>303-530-0771</b>	
WEBSITE ADDRESS <b>www.firstclasswhiteningproducts.com</b>			
FEDERAL TAX ID NUMBER (NO DASHES) <b>MUST EXACTLY MATCH TAX RETURN</b>		YEARS IN BUSINESS <b>3.5</b>	YEARS OWNED BUSINESS <b>3.5</b>
GOODS OR SERVICES PROVIDED <b>at home teeth whitening</b>		COUNTRY OF PRIMARY BUSINESS OPERATIONS <b>USA</b>	STATE OF LEGAL FORMATION <b>Colorado</b>

<b>OWNERS OR OFFICERS (Total ownership below must be equal to or greater than 51%)</b>					
NAME (PRINCIPAL 1) <b>Danielle Foss</b>		TITLE <b>Manager</b>		DATE OF BIRTH	SSN
RESIDENCE ADDRESS		CITY	STATE	ZIP	OWNERSHIP % <b>80</b>
US GOVERNMENT ISSUED ID#		STATE ISSUED	EXPIRATION DATE	CITIZENSHIP IF NOT U.S.A.	# OF YEARS <b>6mos</b>
NAME (PRINCIPAL 2)		TITLE		DATE OF BIRTH	SSN
RESIDENCE ADDRESS		CITY	STATE	ZIP	OWNERSHIP %
US GOVERNMENT ISSUED ID#		STATE ISSUED	EXPIRATION DATE	CITIZENSHIP IF NOT U.S.A.	# OF YEARS

<b>REFERENCES</b>	
BANK <b>First Bank of Boulder</b>	ACCOUNT #
TRADE <b>Sunshine Health</b>	ACCOUNT #
TRADE <b>Verifi</b>	ACCOUNT #
PHONE # <b>303-530-1000</b>	CONTACT
PHONE # <b>954-493-5469</b>	CONTACT <b>Ralph Morton</b>
PHONE # <b>323-655-5789</b>	CONTACT <b>Shane Lynch</b>

<b>BUSINESS PROFILE</b>		<b>SALES PROFILE</b>	
TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Public Sector <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other		MERCHANT TYPE <input type="checkbox"/> Retail <input type="checkbox"/> Restaurant <input type="checkbox"/> Lodging <input type="checkbox"/> Service <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Home Based <input type="checkbox"/> Other	
TYPE OF BUSINESS <b>ecommerce</b> MCC		VISA, MASTERCARD, DISCOVER NETWORK SALES PROFILE	
HAVE YOU ACCEPTED CREDIT CARDS BEFORE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please attach statements.		CARD SWIPE _____ % MANUALLY KEYED WITH IMPRINT _____ % CARD PRESENT _____ % MAIL ORDER / TELEPHONE ORDER _____ % INTERNET <b>100 %</b> TOTAL <b>100 %</b>	
CURRENT/PREVIOUS PROCESSOR NAME <b>RMS, USMS</b> IF TERMINATED BY PREVIOUS PROCESSOR, ATTACH LETTER WITH EXPLANATION			
Has Merchant or any associated Principal disclosed above filed for bankruptcy or been subject to involuntary bankruptcy? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES, date:			

<b>REQUESTED PROCESSING PARAMETERS</b>		
AVERAGE MONTHLY VOLUME <b>50,000</b>	AVERAGE TICKET AMOUNT <b>55.00</b>	HIGHEST TICKET AMOUNT <b>129.99</b>

<b>CARD SERVICES REQUESTED</b>						
CARD TYPES	CHECK TO ORDER	QUALIFIED RATE	AUTHORIZATION FEE	PER-ITEM FEE	ADDITIONAL INFORMATION	
Visa, MasterCard and Discover Network – CREDIT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>2.49 %</b>	\$	\$	<input type="checkbox"/> Interchange Pass Through	<input type="checkbox"/> ERR
Visa, MasterCard and Discover Network – DEBIT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>2.49 %</b>	\$	\$	<input type="checkbox"/> Interchange Pass Through	<input type="checkbox"/> ERR
Debit Networks (PIN-based)	<input type="checkbox"/> Yes <input type="checkbox"/> No	%	\$	\$	<input type="checkbox"/> DO NOT Pass Through Debit Network Fees	
American Express	<input type="checkbox"/> Yes <input type="checkbox"/> No	Set by Amex	Same as Visa/MC	\$	EXISTING AMEX #	
Wright Express and Voyager Fleet Cards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Set by WEX/VOY	\$ 0.20	\$	WEX Requires an Additional Separate Agreement	
Electronic Benefits Transfer (EBT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	0.00 %	\$	\$	EBT Requires an Additional Separate Agreement	



# **MERCHANT APPLICATION AND AGREEMENT**



Sales Partner ID#: <b>1276</b>		Representative Name:		Representative ID#:	
<input checked="" type="checkbox"/> New Account		<input type="checkbox"/> Additional Location Main Location MID			
<b>1. BUSINESS INFORMATION</b>					
<input type="checkbox"/> Sole Prop. <input type="checkbox"/> Partnership <input type="checkbox"/> Public Corp. <input type="checkbox"/> Private Corp. <input checked="" type="checkbox"/> LLC/LLP <input type="checkbox"/> Non-Profit   State Filed:					
Business Name (DBA – doing business as): <b>Just Youthful Effects</b>			Legal Business Name <b>Three Lakes, LLC</b>		
Business Address (No P.O. Box) <b>200 S Virginia St</b>			Mailing Address: <b>200 S Virginia St</b>		
City <b>Reno</b>	State <b>NV</b>	ZIP <b>89501</b>	City <b>Reno</b>	State <b>NV</b>	ZIP <b>89501</b>
Telephone <b>800-646-4631 x</b>		Facsimile		Telephone <b>800-646-4631 x</b>	
Business Start Date (MM/YY) <b>6/24/2014</b>		Number of Locations		Federal Tax ID <b>[REDACTED]</b>	Customer Service Telephone <b>800-646-4631 x</b>
Contact Person <b>Christopher Poole</b>		Contact E-Mail: <b>chris@threelakesllc.com</b>		Web Site Address <b>www.justyouthfuleffects.com</b>	
Description of Products/Service: <b>Beauty</b>		Card Holder Descriptor (21 Characters): <b>TLL*YouthfulEffects</b>		Do you currently accept Visa/MasterCard/Discover Network? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if yes, attach 3 months recent statements)	
Has the business or any Associated Principal been terminated as a Visa/MasterCard/Discover Network Merchant? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If Yes, please provide date:			Has Merchant or any Associated Principal disclosed above filed for bankruptcy or been subject to an involuntary bankruptcy? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
Do you have a refund policy for Visa/MasterCard/Discover/American Express Network? Is the refund policy in writing that is obvious to the cardholder/customer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please describe refund policy: Credit Refund					
<b>2. OWNERS/OFFICERS (Must reflect ownership of 50% or more)</b>					
Name <b>Christopher Poole</b>		Title <b>Owner</b>		Equity / Ownership % <b>80.00</b>	
Date of Birth <b>[REDACTED]</b>		Driver's License Number / State		Social Security Number <b>[REDACTED]</b>	
Home Address <b>[REDACTED]</b>		City / State / ZIP <b>[REDACTED]</b>		Home Telephone <b>[REDACTED]</b>	
Name		Title		Equity / Ownership %	
Date of Birth		Driver's License Number / State		Social Security Number	
Home Address		City / State / ZIP		Home Telephone	
<b>3. PROCESSING VOLUME (Visa®, MasterCard® and Discover® Network)</b>					
Average Ticket <b>\$ 40.00</b>		Highest Ticket Amount <b>\$ 130.00</b>		Average Monthly Volume <b>\$ 35,000.00</b>	
Percent of Business (MUST = 100%) 0.00 % Card Swiped % Keyed with Imprint 100.00 % Keyed without Imprint		Sales Method (MUST = 100%) 0.00 % Store Front % Trade Show % Off Premise		Internet Services 100.00 % 0.00 % MOTO (Mail/Telephone order) % Other, specify:	
List ALL third parties who have access to cardholder data:					
<b>4. TRADE REFERENCES</b>					
Trade Name <b>Verifi</b>		Company		Telephone <b>323-655-5789</b>	
Bank Name		Company		Telephone	
<b>5. BANKING INFORMATION</b> ***ATTACH A VOIDED CHECK FROM ACCOUNT***					
Banking Contact <b>GUARANTY BANK AND TRUST COMPANY</b>		Bank Telephone <b>800-869-3557 x</b>			
Routing Number <b>102000966</b>		Account Number <b>4000562925</b>			
<b>6. ASSOCIATION DISCLOSURE (Member Bank: Woodforest National Bank, P.O. Box 8339, The Woodlands, TX 77380 (800) 327-0093)</b>					
Merchant understands and agrees to the following language regarding responsibilities: (1) A VISA member is the only entity approved to extended acceptance of VISA products directly to a merchant. (2) A VISA member must be a principal (signer) to the Merchant Agreement. (3) Woodforest National Bank is responsible for and must provide settlement funds to the merchant. (4) Woodforest National Bank is responsible for all funds held in reserve that are derived from settlement. (5) Woodforest National Bank is responsible for educating merchants on pertinent VISA International Operating Regulations with which merchants must comply. <b>Merchant Responsibilities:</b> (1) Ensure compliance with cardholder data security and storage requirements. (2) Maintain fraud and chargebacks below thresholds. (3) Review and understand the terms of the Merchant Agreement. (4) Comply with VISA International Operating Regulations. (You may download "VISA Regulations" from VISA's website at: <a href="http://usa.visa.com/merchants/operations/op_regulations.html">http://usa.visa.com/merchants/operations/op_regulations.html</a> . You may download "MasterCard Regulations" from MasterCard's website at: <a href="http://www.mastercard.com/us/merchants/support/rules.html">http://www.mastercard.com/us/merchants/support/rules.html</a> ). The responsibilities listed above do not supersede the terms of the Merchant Agreement and are provided to ensure the merchant understands some of the important obligations of each party and that the VISA Member – Woodforest National Bank – is the ultimate authority should the Merchant have any problems.					
Merchant Signature <b>209.200.185.180</b>		Merchant Name <b>Christopher Poole</b>		Merchant Title <b>Owner</b>	
				Date <b>11/2/2015</b>	



Live April 2014



# **MERCHANT EZ APPLICATION**

Additional Location <input type="checkbox"/> Yes <input type="checkbox"/> No	Partner Name (If Applicable)	APP ID
MID		

Name of Account (Doing Business As) <b>Titan White Products</b>	Contact <b>Danielle Foss</b>	Tax Filing Name (Same as Legal Name) <b>Mint House, LLC</b>	Are you a Foreign Entity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (No P.O. Box) <b>9233 Park Meadows Drive</b>		Legal Address <b>9233 Park Meadows Drive</b>	
City, State/Province, Zip/Postal Code <b>Lone Tree, CO 80124</b>		City, State/Province, Zip/Postal Code <b>Lone Tree, CO 80124</b>	
DBA Phone NO. <b>( 888 ) 819-2048</b>	Retrieval Method: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> EIDS <input type="checkbox"/> Mail & EIDS <input type="checkbox"/> Auto Fax & EIDS	Client Contact <b>Danielle Foss</b>	Phone NO. <b>( 303 ) 827-2480</b>
Mailing Name and Address (if different from above) ATTN:		Fax NO. <b>( 303 ) 530-0771</b>	
Merchant Customer Service Phone Number <b>( 888 ) 819-2048</b>		Website Address <b>www.titanwhiteproducts.com</b>	
Merchant Email Address <b>danielle@titanwhiteproducts.com</b>			

## **MERCHANT PROFILE**

Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Not for Profit	<input type="checkbox"/> Private Corporation <input type="checkbox"/> Public Corporation - Ticker Symbol:
Pricing based on: <input type="checkbox"/> Retail <input type="checkbox"/> Mail/Telephone <input type="checkbox"/> eComm Basic <input checked="" type="checkbox"/> eComm Preferred (VBV) <input type="checkbox"/> IVR <input type="checkbox"/> Restaurant <input type="checkbox"/> Utilities <input type="checkbox"/> Other (Explain):	
Percent of Business:	Card Swiped %
Mail Order/Telephone %	eCommerce 100 %
Manual Key Entry with Imprint, Customer Present %	
One Time Event: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date	Seasonal Sales: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No High Volume Months
Dollar Volume \$ <b>50,000.00</b>	
Describe goods or services sold: <b>at home teeth whitening</b>	
When are your services or products delivered? Within: <input type="checkbox"/> 1 Day <input checked="" type="checkbox"/> 1 Week <input type="checkbox"/> 30 Days <input type="checkbox"/> Other:	
Is merchant currently or has merchant previously been in any Card Brand chargeback or fraud monitoring program? (If Yes, please explain.) <b>no</b>	
Current PCI DSS Compliance Status (Please explain) <b>compliant</b>	

TAXPAYER IDENTIFICATION NO. <input type="checkbox"/> FEIN <input type="checkbox"/> SSN <input type="checkbox"/> GST	Number of Locations <b>1</b>	Years in Business <b>3</b>	Years Owned Business <b>3</b>
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## **OWNERS (Must be a Majority or Primary) / OFFICERS**

NAME (1) <b>Danielle Foss</b>	Title <b>Manager</b>	Percentage Ownership <b>80 %</b>	Email Address <b>danielle@titanwhiteproducts.com</b>
Social Security # / Insurance #	Date of Birth	Driver's License #	Home Phone
Home Address	<input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent	City	State/Province
Previous Employment (if less than 1 year in current employment)	Title	How Long?	Type of Business
NAME (2)	Title	Percentage Ownership	Email Address
Social Security # / Insurance #	Date of Birth	Driver's License #	Home Phone
Home Address	<input type="checkbox"/> Own <input type="checkbox"/> Rent	City	State/Province
Previous Employment (if less than 1 year in current employment)	Title	How Long?	Type of Business

## **BANK INFORMATION (Primary Settlement Account)**

Bank Name <b>FirstBank of Boulder</b>	Contact	Phone NO. <b>( 303 ) 530-1000</b>	Fax NO.
Transit # (ABA Routing) <b>1 0 7 0 0 2 5 3 2</b>	DDA # (Checking/Savings)		

## **SECOND BANK INFORMATION (if applicable)**

Bank Name	Contact	Phone NO.	Fax NO.
Transit # (ABA Routing)	DDA # (Checking/Savings)		

PREPARED BY FIELD SALES REP	Email	FIELD SALES ID
Prepared by Inside Sales Rep (if applicable)		INSIDE SALES ID

Range #	Book Number	Corporate Field	Chain #